



Montgomery County, Maryland • Department of Housing and Community Affairs



## Application For Housing Rehabilitation Assistance

PLEASE PRINT OR WRITE CLEARLY

CASE NO. \_\_\_\_\_

**NOTE:** Page 4 may be used if additional space is required to answer any question. If the "Co-Applicant" responses match answers given by "Applicant," please indicate answers by writing "SAME."

APPLICANT (Head of Household)			CO-APPLICANT		
Name		DOB	Name		DOB
Other Names Used Within Last Two Years			Other Names Used Within Last Two Years		
Social Security Number	Telephone Number Business Home		Social Security Number	Telephone Number Business Home	
Present Address (Street & No., City, State & Zip Code)			Present Address (Street & No., City, State & Zip Code)		
Former Address if Less Than Two Years at Present Address			Former Address if Less Than Two Years at Present Address		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

NUMBER OF PERSONS RESIDING IN HOUSE: (Other Than Applicant/Co-Applicant): \_\_\_\_\_

NAMES	M/F	AGE	RELATIONSHIP TO APPLICANT	EMPLOYED? YES or NO	MONTHLY INCOME	FULL-TIME STUDENT? YES or NO

Name and Address of Bank	Type Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name and Address of Bank	Type Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name and Address of Bank	Type Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name and Address of Bank	Type Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I AM (WE ARE) unable to provide the housing I (we) need on my (our) own account, and I am (we are) unable to secure the credit necessary for this purpose from other sources upon terms and conditions which I (we) can reasonably fulfill. I (we) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief and are made in good faith to obtain a loan.

**WARNING:** Any person who knowingly makes, or causes or allows to be made, a false statement or report for the purpose of influencing the action of the department upon any application for a loan or any action of the department affecting a loan already made shall be subject to immediate acceleration of the mortgage on which he is liable. The acceleration shall apply to any material misstatements, including misstatements relating to said person's financial condition, or any other fact material to the department's actions.

**FOR MHRP:** Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to 2 years; and if a loan has been commenced regardless of loan status, immediate call of the loan, requiring payment in full of all amount disbursed, pursuant to Article 41, Section 257L, Annotated Code of Maryland.

I/We authorize the Program to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

Date	Signature of Applicant
	X
Date	Signature of Co-Applicant (if any)
	X

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES**

The following information is requested by the Government in order to monitor compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT		CO-APPLICANT	
<b>RACE/NATIONAL ORIGIN</b> <input type="checkbox"/> (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (Specify)		<b>RACE/NATIONAL ORIGIN</b> <input type="checkbox"/> (Not of Hispanic origin) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (Specify)	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female      HANDICAPPED: <input type="checkbox"/> Yes <input type="checkbox"/> No		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female      HANDICAPPED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Employer		Name and Address of Employer	
Date of Employment	Annual Gross Income	Date of Employment	Annual Gross Income
From: _____ To Present	\$ _____	From: _____ To Present	\$ _____
Type of Work	Working Hours	Type of Work	Working Hours
	From _____ To _____		From _____ To _____

**IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY.**  
 Continue on Page 4 if necessary. (A = Applicant; C = Co-Applicant)

A OR C	DATE OF EMPLOYMENT (From — To)	NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	ANNUAL GROSS INCOME	REASON FOR CHANGE

**FINANCIAL STATEMENT AS OF DATE OF APPLICATION**

ITEM	FIRST PYMT. DATE	UNPAID DEBT	AMOUNT DELINQUENT	MONTHLY PAYMENT	INT. RATE LOAN TERM	NAME AND ADDRESS OF MORTGAGE COMPANY AND ACCOUNT NUMBER
Dwelling - First Mortgage						
Second Mortgage						
Other Real Estate						

Address of Other Real Estate: \_\_\_\_\_

Rent Received, if any: \$ \_\_\_\_\_/Month \_\_\_\_\_

GROSS MONTHLY INCOME				ASSETS	
Item	Applicant	Co-Applicant	Total	Item	Total Value
Monthly Pay				Checking Account	\$ _____
Overtime				Savings Account	\$ _____
Bonuses				Cash on Hand	\$ _____
Commissions				Stocks, Bonds, Securities	\$ _____
Dividends / Interest				Other Assets:	
Social Security					\$ _____
Pensions					\$ _____
Alimony					\$ _____
Child Support					\$ _____
Rental Income From A Border or Tenant					\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	<b>TOTAL</b>	\$ _____

DEBTS				MONTHLY HOUSING EXPENSE	
Item	Organization or Individual to Whom Debt is Paid	Monthly Payment	Balance Owed	Item	Amount
Credit Cards				First Mortgage (P & I)	\$
Credit Cards				Second Mortgage (P & I)	\$
Credit Cards				Other Financing (P & I)	\$
Credit Cards				Fire Insurance	\$
Credit Cards				Real Estate Taxes	\$
Automobile Loan				Condominium Fees	\$
Personal Loan				Homeowner Assn. Dues	\$
Ongoing Medical Expenses				Total Monthly Payment	\$
Other Debts:				Utilities: Water,	\$
				Electric,	\$
				Gas,	\$
				Other	\$
<b>TOTALS</b>		\$	\$	<b>TOTAL</b>	\$

### HOUSE INFORMATION

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Age of House \_\_\_\_\_ Heat Source \_\_\_\_\_

Check One: ☐ Townhouse - End Unit? ☐ YES ☐ NO ☐ Single Family Detached ☐ Condominium No. of Years Lived Here \_\_\_\_\_

Central Air Conditioning? ☐ Yes ☐ No Check One: ☐ Septic ☐ WSSC Check One: ☐ Public Water ☐ Well

**PLEASE PROVIDE A DESCRIPTION OF REPAIRS NEEDED IN THE SPACE BELOW.**

(Continue on Back)